Overview

Useful For
Aiding in the diagnosis of schistosomiasis infections involving the urinary tract

Method Name
Microscopic

NY State Available
Yes

Specimen

Specimen Type
Urine

Specimen Required
Supplies: Urine Tubes, 10 mL (T068)

Collection Container/Tube: Clean, plastic urine collection container

Submission Container/Tube: Plastic, 10-mL urine tube

Specimen Volume: 10 mL

Collection Instructions:
1. Collect a random urine specimen. Preferred time of collection between the hours of 12 noon and 3 p.m. but not required. A 24-hour urine collection is also acceptable.

2. No preservative.

Specimen Minimum Volume
5 mL

Reject Due To

| Preserved urine | Reject |

Specimen Stability Information

<table>
<thead>
<tr>
<th>Specimen Type</th>
<th>Temperature</th>
<th>Time</th>
<th>Special Container</th>
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</thead>
<tbody>
<tr>
<td>Urine</td>
<td>Refrigerated</td>
<td>7 days</td>
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Clinical and Interpretive
Clinical Information

Schistosomiasis is an infection caused by several species of trematodes (flukes) in the genus *Schistosoma*. The adult worms of *Schistosoma haematobium* inhabit the venus plexus of the bladder and produce eggs that are typically passed in the urine. Peak egg excretion occurs between noon and 3 p.m. Identification of characteristic eggs in urine is diagnostic for infection with this organism.

Reference Values

Negative

If positive, organism identified

Interpretation

A positive result indicates the presence of *Schistosoma* species ova in urine.

A negative result does not rule out the presence of *Schistosoma* species since ova may be present at levels below the detection limits of this assay, or infection may not involve the urinary tract.

Cautions

No significant cautionary statements

Clinical Reference


Performance

Method Description

Filter concentration of urine has been shown to increase recovery of *Schistosoma haematobium* eggs from urine. Ten mL of urine is passed through a membrane filter and the filter is examined under the microscope for the characteristic eggs.(Garcia L: Diagnostic Medical Parasitology. 6th ed. ASM Press, 2016)

PDF Report

No

Day(s) and Time(s) Test Performed

Monday through Friday: 8 a.m.-7 p.m.

Saturday: 8 a.m.- 4 p.m.

Analytic Time

1 day

Maximum Laboratory Time
4 days

**Specimen Retention Time**
Until reported

**Performing Laboratory Location**
Rochester

**Fees and Codes**

**Fees**
- Authorized users can sign in to Test Prices for detailed fee information.
- Clients without access to Test Prices can contact Customer Service 24 hours a day, seven days a week.
- Prospective clients should contact their Regional Manager. For assistance, contact Customer Service.

**Test Classification**
This test has been cleared, approved or is exempt by the U.S. Food and Drug Administration and is used per manufacturer’s instructions. Performance characteristics were verified by Mayo Clinic in a manner consistent with CLIA requirements.

**CPT Code Information**
87210
87015

**LOINC® Information**

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<th>Order LOINC Value</th>
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<td>Schistosoma Exam, U</td>
<td>10715-1</td>
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